## 10700025656

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## **COVER LETTER**

то	Registration Se Division of Cor								
WE THREE OF TAMPA LLC									
Name of Limited Liability Company									
The	e enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.						
Ple	ase return all correspo	ndence concerning this matter	to the following:						
		KEN SAXON CPA							
			Name of Person	<del> </del>					
		SAXON ACCOUNTING	& CONSULTING INC						
			Firm/Company						
2344 HANSEN LANE UNIT 1									
			Address						
		TALLAHASSEE FL 3230	)1						
			City/State and Zip Code						
		SAXONCPA@SAXONCP	A.COM						
		E-mail address: (	to be used for future annual report notif	fication)					
For	further information e	oncerning this matter, please co	all:						
KE	EN SAXON CPA		850 942-6151						
	Name o	f Person	Area Code Daytime	e Telephone Number					
Enc	closed is a check for th	ne following amount:							
	\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)					

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WE THREE OF TAMPA LLC		
( <u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records.) d Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Compan	and assigned	
Florida document number L07000125656		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ibility company here:	
COTON COLORS ECOMMERCE LLC		
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2016
(Principal office address MUST BE A STREET ADDRESS)		
		्रहुद्ध <b>५</b> जुल <b>क</b>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		-1/t <b>0</b> 0
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he Name of New Registered Agent:		er the name of the nev
New Registered Office Address:	Enter Florida street address	
	, Florida	Zin Code

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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			/01/2019				
Affective date, i f an effective date i	f other than the da s listed, the date must b	ite of filing: especific and cannot	ot be prior to date o	filing or more than	(optional) 90 days after filing.) F	ursuant to 605.020	07 (3)
Note: If the date	inserted in this block tive date on the Depa	does not meet t	he applicable stat	utory filing requi	rements, this date w		
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ne record spec	cifies a delayed e	ffective date,	but not an ei	fective time,	at 12:01 a.m. or	n the earlier (	of:
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Dated	Kenno		 <				
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Typed or printed name of signee

Filing Fee: \$25.00